

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 05/13/15		Bureau/Station/Facility: Central Patrol Division/Compton Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 015-05947-2824-051		Date: 05/13/15		Time: 1741 hours	
City or Station: Compton		Nature of Incident: Subject [redacted] running toward deputies with handgun. Subject then raised handgun in their direction. Dep Juarez fired his handgun, striking subject's leg.			
Location: [redacted] North Long Beach Boulevard					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input checked="" type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: Sidewalk		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 20-25 Feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: 923's in area.	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>			
Total # of Shots Fired by Deputy: 4		Total # of Shots Fired by Suspect: 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	Shift Time (check only one):	Shift Type (check only one):
[redacted]	Aviles	David	NMI	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	Shift Time (check only one):	Shift Type (check only one):
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	Shift Time (check only one):	Shift Type (check only one):
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
[redacted]		[redacted]		[redacted]	
Street Address		City	Zip Code	Work Ph	Home Ph
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
Last Name		First Name		M.I.	
[redacted]		[redacted]		[redacted]	
Street Address		City	Zip Code	Work Ph	Home Ph
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
Last Name		First Name		M.I.	
[redacted]		[redacted]		[redacted]	
Street Address		City	Zip Code	Work Ph	Home Ph
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
[redacted]	Miller	Ralph	E.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
[redacted]	Cruz	Ulysses	A.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
[redacted]	Mitry	Nabeel	S.		

PRINTED NAME	
SH #	2379365

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Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	

Officer Involved Shooting Involved Employee Information

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Involved Employee											
E 1	Employee #	Last Name			First Name			M.I.			
			Juarez			Jaime			NMI		
	Sex: M	Race: H	Rank: Deputy	Unit Assignment: Compton	Work Assignment (Unit #, Module, etc.): 287D1						
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>		
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age:	Height: 5' 7"	Weight: 157		Range Qualification Date:		PPC Qualification Date:	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input checked="" type="checkbox"/>	Number of Prior Shootings: 3	Directed Force: <input type="checkbox"/>				
	Weapons Fired Brand: Sig Sauer		Caliber: 9mm	# Shots: 4	Weapons Fired Brand:		Caliber:	# Shots:			
	Field Training Officer Emp #			Last Name			First Name			M.I.	
	Field Training Officer Emp #			Last Name			First Name			M.I.	
	E	Employee #	Last Name			First Name			M.I.		
		Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):					
		ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:					
Age:		Height:	Weight:		Range Qualification Date:		PPC Qualification Date:	Laser Training Date:			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>					
Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:				
Field Training Officer Emp #			Last Name			First Name			M.I.		
Field Training Officer Emp #			Last Name			First Name			M.I.		
E		Employee #	Last Name			First Name			M.I.		
		Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):					
		ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>		
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>				
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:			
	Field Training Officer Emp #			Last Name			First Name			M.I.	
	Field Training Officer Emp #			Last Name			First Name			M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information				
S 1	Last Name		First Name M.I.	
	AKA Last Name		First Name M.I.	
	Sex: M Race: B	Street Address: City: State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: 17 D.O.B.:	Height: 5' 11" Weight: 180	FBI #:	CII #:
	Booking #:	Primary Charge: 245(a)(1) P.C.		Secondary Charge:
	Coroner Case? <input type="checkbox"/>	Coroner Case #:	Intoxication/Drug Usage? <input checked="" type="checkbox"/>	Substance Used: Marijuana
	Armed? <input checked="" type="checkbox"/>	Apprehended? <input checked="" type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make:		Model:	Year:
S	Last Name		First Name M.I.	
	AKA Last Name		First Name M.I.	
	Sex: Race:	Street Address: City: State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.:	Height: Weight:	FBI #:	CII #:
	Booking #:	Primary Charge:		Secondary Charge:
	Coroner Case? <input type="checkbox"/>	Coroner Case #:	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make:		Model:	Year:
S	Last Name		First Name M.I.	
	AKA Last Name		First Name M.I.	
	Sex: Race:	Street Address: City: State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.:	Height: Weight:	FBI #:	CII #:
	Booking #:	Primary Charge:		Secondary Charge:
	Coroner Case? <input type="checkbox"/>	Coroner Case #:	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make:		Model:	Year:
S	Last Name		First Name M.I.	
	AKA Last Name		First Name M.I.	
	Sex: Race:	Street Address: City: State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.:	Height: Weight:	FBI #:	CII #:
	Booking #:	Primary Charge:		Secondary Charge:
	Coroner Case? <input type="checkbox"/>	Coroner Case #:	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make:		Model:	Year:

**COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT**

INVESTIGATIVE SUMMARY

ADDENDUM

INCIDENT: On-Duty Hit Shooting, Suspect Injured
IAB FILE #: SH 2379366
URN #: 015-05947-2824-051
DATE/TIME: May 13, 2015 / 1741 hours
LOCATION: ■ North Long Beach Boulevard, Compton

SUMMARY

On August 6, 2018, upon reviewing the completed Homicide case book, it was noted Homicide investigators located surveillance cameras on the light poles, at the intersection of Long Beach Boulevard and Compton Boulevard **[Exhibit A, page 58]**. There was no indication in the Homicide case book if there was an attempt made to retrieve any potential video of the incident.

The IAB investigator contacted Sergeant Sandra Nava, Homicide Bureau, and inquired about the potential surveillance footage. Sergeant Nava prepared a supplemental report describing the inquiry Homicide investigators made regarding potential surveillance footage **[Miscellaneous Documents]**.